

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Wednesday, February 24, 2016 9:38 AM
To: Constantine Kolouas; Chris Aquino
Subject: 2016 Annual Report - WMATC No: 2185, Carrier Name: Gateway Transportation Services LLC

Washington Metropolitan Area Transit Commission 2016 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2016, must file a complete 2016 annual report and pay a \$175 annual fee on or before **February 1, 2016**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2016.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 2185

Name of Carrier (as shown on certificate of authority): Gateway Transportation Services LLC

Trade Name:

Principal Place of Business

Street Address: 2200 12TH CT N

Apt./Suite: APT 212

City: ARLINGTON

State: VA

Zip: 22201

Mailing Address (if different from street address)

Street:

Apt./Suite:

City:

State:

Zip:

Telephone Number: (703)401-2805

Other Telephone:

Fax Number:

E-mail: abdelhakazim@gmail.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.:

DCTC No.:

Virginia DMV passenger carrier No.:

Maryland PSC No.: Virginia

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Name: Abdelhak Azim

Title: Manager/ Member

Telephone Number: 7034012805

Other Telephone: 7034012805

Fax Number:

E-mail: abdelhakazim@gmail.com

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process:

Agent Address:

Apt./Suite:

City:

State:

Zip:

Telephone Number:

E-mail:

5. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

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6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
	2015	Chevrolet	1GNSKJKC7FR188639	H522176	VA	7	No
	2015	Chevrolet	1GNSKJKC5FR552329	H521893	VA	7	No
	2015	Chevrolet	1GNSKJKC2FR196857	H524998	VA	7	No
	2012	Mercedes	WDDNG9EB0CA457363	H524992	VA	5	No
	2013	Cadillac	1GYS4HEF0DR286758	H526356	VA	7	No
	2015	Chevrolet	1GNSKJKC1FR616401	934HAD	VA	7	No
	2014	Honda	5FNRL5H63EB091116	H524547	VA	7	No
	2014	Chrysler	2C4RC1BG8ER359995	GTEWAY	VA	7	No
	2014	Toyota	STDYK3DC5ES474128	406HAE	VA	7	No
	2015	Chevrolet	1GNSKJKC9FR2222Y2	H522130	VA	7	No

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: ABDELHAK AZIM

Title: Manager/ Member

Date: 02/24/2016